See instructions on back of certificate.

TION is very important.

of OCCUPA-

-	S	TATE OF	MAR	YLAND-	CERTIFICATI	E OF DEAT	H 1	20.3
	1. PLACE OF DEA	тн			131			
	County Howal	ed.			700	Registration Dist	. No. 195	1
	Viilage or City	Mayfield	Md?		ND		St.,	Ward
	Length of residence in c	ity or town where deal	th occurred		death occurred in a horpital or in the long in U.S. How long in U.S.			
	2. FULL NAME	Ida Laur	a Brow	n				
	(a) Residence: No	Mayfield			St., Ward.			
-			(Usual place			If nonresident give		
-	PERSONAL AN					L CERTIFICATE O	F DEATH	
3.		or or race s	OR DIVORCE Marri	RIED, WIDOWED,  O (write the word)  O (	21. DATE OF DEAT	(Month)	(Day)	, 199 <u>\$</u>
5a	. If married, widowed, or div HUSBAND of (or) WIFE of	Jacobwsi	Brown		22. I HERE	BY CERTIFY	That I attende	
	DATE OF BIRTH (month, da	Mav	6th.1	868	I last saw h alive on	, 19.2, to		, 19
	AGE Years	Months	Days	If LESS than	to have occurred on the date	stated above at T		ee; death is said
	64	6	4	1 day,hrs.	The PRINCIPAL CAUSE OF I			
NO	8. Trade, profession, or particular kind of work done, as SPINNER,			were as follows: The Regurates Date  1 Heart ( ) \$7	Date of onset			
UPATION	SAWYER, BDOKKEEPER, etc				7.53			
OCCU	10. Date deceased last wo this occupation (mo	rked at onth and	II. Total ti spar	me (years) it in this				
12	2. BIRTHPLACE (city or town) (State or country)	Marti	nsb <b>e</b> rg Va.		Other Contributory Causes of	importance. The	79-	Some
ER	13. NAME Rober	t Alport					-05	
FATH	14. BIRTHPLACE (city or to	w.Va	•					
ER	15. MAIDEN NAME	arah E.B	azzel		What test confirmed diagnosis			
MOTHER	16. BIRTHPLACE (city or to (State or country)	W.Va	•		23. If death was due to externa Accident, suicide, or homicide Where did injury occur?	e?Date		
17	INFORMANT Mr. J (Address) Mayf	acob S. 1	Brown	*************	Specify whether injury occurr	(Specify city or town	n, county and St or in PUBLIC P	LACE.
18	BURIAL, CREMATION, OR INT. VIEW	REMOVAL	Vate Nov	.13,1932	Manner of injury			
19	UNDERTAKER MACA	ott City	tarn.		24. Was disease or injury in a	ny way related to occupation	of deceased?	Z~
20	FILED NOV 13	1932 · all	22 11)	Hell	(Signed)	J.D. The	ller	

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
YE TAR			
Other contributory causes of importance:	1 1 1 2 - 2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

T RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANE

V. S. No.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. JYRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2) (4)
County Stagrand	Registration Dist. No.
Village or City I lealed .	NDSt.,Ward
17	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	us. now long in 0.5.11 of foreign birth? yrs
2. FULL NAME Willam 7. C	uga
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DITORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY, That I attended deceased from  15. 19.32 to Mar. S. 19.32
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 220 5, 19 3 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A.m.
(6) 1/4 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month) and this occupation (month) and the spent in this comments.	Date of onsol Dat 15/3 2 Sugar Hemisleyer
year) Of Jay occupation / A fun	Other Camtributary Causes of importance:
12. BIRTHPLACE (city or town). (State or country) (State or country)	High Bland Tremen 1931
13. NAME Porace Ciegle  14. BIRTHPLACE (city or town) Party (State or country)	The feet of the state of the st
14. BIRTHPLACE (city or town) / ary falled,	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ANY E DUNA LANGE  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  19
17. INFDRMANT Mes. Mary L. Chegles (Address).	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CHENATION OR REMOVAL CLEY, Date 11. 7 , 1932	Manner of Injury  Nature of injury
19. UNDERTAKER Celson Leves (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Nov 7, 1932 WK Linkell Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 wear

V. S. No. 1

item of infor-

of OCCUPA.

1. PLACE OF DEATH		120.5
County Howard		Registration Dist. No. 195
Village or City Auras  Length of rasidence in city or town whera dea		No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME elyfan (a) Residence: No. Sara	The sury  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male houto	or Divorced (write the word)	21. DATE OF DEATH Nov. 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-11/2 -11/18/2	1 HEREBY CERTIFY, Thet I attanded decassed from 18 1932, to Low 18 1932
6. DATE OF BIRTH (month, day, and yeer) SM 7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related eguses of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		suyon
year)  12. BIRTHPLACE (city or town) Suva	11. Total time (years) spent in this occupation	Othar Contributory Causes of Importance:
(State or country)  Language 13. NAME Bedford D. 1	eury	
14. BIRTHPLACE (city or town)	Ta	Neme of operation Date of
15. MAIDEN NAME Algabet 16. BIRTHPLACE (city or town) Sittle (Stete or country) 17. INFORMANT Stather (Address)	fung ga.	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR REMOVACY Place	Deta 11/19/32,	Manner of Injury
19. UNDERTAKER 11 therm (Address) 20. FILED 1 [1932-19] Man	helipley	24. Was disease or injury in any way related to occupation of decaasad?  If so, specify  (Signed) Notest S M. Corney M. I  (Address) January M. I

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

should state T RECORD. Every item of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement properly classified. WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- (3)
County Howasil	Registration Dist. No. 190
Village or City Horth, Laurel 144.	No. St, Ward
/2 - (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where teath occurredyrsmos	s. ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAMELSE AND MUNICE!	
(a) Residence: No. York Lauref mul	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Secretary to the word)	21. DATE OF DEATH  / - 2 3.  (Month) (Oay) (Yeer)
5a. If merried, widowed, andivorced HUSBANO of	22, _ I HEREBY CERTIFY, Thet I attended decessed from
(ur) tiffered Dusau Navis	22. 1 HEREBY CERTIFY. Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer) aug 78-18 49	I last saw harmalive on 11-2 3 19-3 Adeath is said
7. AGE Years Months Devs If LESS then	to heve occurred on the dete steted above, et . 9.3 uf m.
83 2 N 29 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10, Date deceased last worked at this occupation (month end.	ast Commission
Andustry or business in which	Interior Duction Chronic.
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Duration: 2 pears, curgos.
year)	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)	
(State or county)	-
13. NAME SULLIAU NAMES	
14. BIRTHPLACE (city or town).	Name of operation
(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIOEN NAME Mary . Street  16. BIRTHPLACE (city of town)	23. If deeth was due to external causes (VIDL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city of town)	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ASSAUL NAVOS (Address) Laurel Md.	Specify whether injory occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAY, CREMATION, OR REMOVAL 8+	Manner of injury
Sy Trace Cult City Dete 117 1 1932	Neture of injury
15 UNDERTAKER & Loyd Haiser	24. Wes disease er Injury In eny wey related to occupation of deceased?
(Address) Splurel Ma.	If so, specify 72 - 73 . f Comment
20, FILED 1/2 6 /3219 manh Shipley.	(Signed) M. D
Registrar.	(Address)
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

OFFICIATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of enilepsu	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state. RECORD. Every item of infor-TH UNFADING INK-THIS IS A PERMANE. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B. WRITE PLAINLY,

V. S. No.

Village or City.  No.  Village or City.  Length of residence in city or togn where death occurred.  (If death occurred in a horpital or institution, give its NAME instead of steets and number)  Length of residence in city or togn where death occurred.  (a) Residence: No.  (b) No.  (c) No.  (c) No.  (d) Ment ong in U. S. If of foreign birth?  (e) No.  (f) Ment ong in U. S. If of foreign birth?  (f) No.  (g) No.  (g) No.  (g) No.  (hondin)  (ho	SIAIL OF MARYLAND-	-CERTIFICATE OF DEATH 12077
Village or City.  No.  (It desits occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or togen where death occurred.  2. FULL NAME  (a) Residence: No.  (Usualpiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARKED, WINDOWED, Converted on Windowed, or divorced  (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than to have occurred on the date stated above, at / 1.  SAWYER, BOOKEEPER, etc.  1. Trobe profession, or particular  SAWYER, BOOKEEPER, etc.  1. Trobe profession, or particular  SAWYER, BOOKEEPER, etc.  1. Trobe profession or particular  SAWYER, BOOKEEPER, etc.  1. Trobe profession or particular  (State or country)  What test confirmed diagnosis: Was there an autopsy?  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis: Was there an autopsy?  13. MAIDEN NAME  14. BERTHPLACE (city or town)  (State or country)  What test confirmed diagnosis: Was there an autopsy?  15. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis: Was there an autopsy?  26. It deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  (State or country)  What test confirmed diagnosis: See the residence of injury in any way related to occupation of deceased?  17. INDOMENTAL PRESIDENCE CITY of town)  18. BIRTHPLACE (city or town)  19. Manner of lajory  Name of operation.  What test confirmed diagnosis:  Was there an autopsy?  26. It deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Seedly city of town, commy and State)  19. BIRTHPLACE (city or town)  19. BIRTHPLACE (city or town)  19. Manner of lajory  Name of operation.  Seedly city of town, commy and State)  19. Manner of lajory  Name of operation in any way related to occupation of deceased?  19. Manner of lajory  Name of lajory  Name of lajory in any way related to occupation of decease	H10	
Length of residence in city or form where death occurred yrs	Almon	
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (c) COLOR OR RACE  (d) SULL, MARRIELD  (d) SON, DIVORCED (write the word)  (d) Ward.  DATE OF DEATH  (c) ON RACE  (d) ONLY WEST  (d) Only  (d) Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  (d) MEDICAL CERTIFICATE OF DEATH  (c) Only  (c)		
(a) Residence: No.  (Utusiplace of aboda:)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, GR. DIVORCED ("unite the word)  53. Ill married, wildowed, or divorced (cr) WiFE of ("or)		
PERSONAL AND STATISTICAL PARTICULARS  9. SEX  1. COLOR OR RACE  9. SINGLE, MARRIED, WIDOWED, OR BUTCHER OF DEATH  19. 32  10. 11 married, widowed, or divorced MUSBARDO (Control to word)  19. 12. DATE OF DEATH  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	2. FULL NAME William & Dunk	erly
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, Ownic the word)  53. II married, widowed, or divorced HUSBAND of (Or) Wife of (Or		
2. SINGLE, MARRIED, WIDOWED, Camic the word)  5a. III married, widowed, or divorced (Coby WiFe or Coby)  6b. DATE OF BIRTH (month, day, and year)  6c. DATE	A STATE OF THE STA	
5. 11 married, widowed, or divorced HUSBAND or Days  11 LESS than 1 last saw h.m. alive on 19 2 lims 19 2 list saw h.m. alive on 19 2 lims 19 2 list saw h.m. alive on 19 2 lims 19 2 list saw h.m. alive on 19 2 lims 19 2 list saw h.m. alive on 19 2 lims 19 2 list saw h.m. alive on 1	3. SEX \ 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 100. 2 ml 193 32
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  I LESS than I day, hrs. of the date stated above, at the said to heve occurred on the date stated above, at the head of the said on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred on the date stated above, at the head occurred of the head occurred of the head occurred on the date stated above, at the head occurred of the head occurred on the hea	5a. Il married, widowed, or divorced	(Month) (Day) (Yeer)
T. AGE  Years  Months  Days  11 LESS than 1 day, introduction of particular min.  Note of profession, or particular min.  SAWYER, BOOKKEPER, etc.  Pladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Date deceased last worked at this occupation (month and year)  (State or country)  Table BIRTHPLACE (city or town)  (State or country)  Manuel of operation.  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Dete of injury  Where did injury occur?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Was disease or injury in any way related to occupation of deceased?  14 so specily  (Signed).  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?  Was disease or injury in any way related to occupation of deceased?		22. CHERENY CERTIFY. That I attended deceased from
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8. Trede profession, or particular were as follows: Calcular Threat and Date of meet and assess on importance in the control of the control o	1/ 1/ 2 A Iday br	
kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. SAW MILL, BANK, etc. SOR MILL, BANK, etc.	ormin.	was as follows:
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(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL (REMATION, Or REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. 13. NAME  12. Manner of operation  Name of operati		Other Contributory Courses of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL/ OREMATION, Are REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  11. UNDERTAKER  (Address)  12. UNDERTAKER  (Address)  13. NAME  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  24. Was disease or injury In any way related to occupation of deceased?  15. o, specify  (Signed)  Manhard  (Signed)		1 8/13/3
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17. INFORMANT (Address)  18. BURIAL OREMATION, OF REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED May 4, 1932 (Mass) (Real Mills (Signed))  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  Manner of Injury Nature of injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury  (Specify city or town, county and State)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)	State or country)	
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Place I Place		Specify whether injury occurred in incountry, in nome, or in Public Place.
Place M., Writing Pate	18. BURIAL, OREMATION, OF REMOVALO	Manner of Injury
19. UNDERTAKER Zastry Sours (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specily  (Signed)  (Signed)	Place M. Lem., Array Pate - 11 7 3 19	
2D. FILED Note 4, 1932 (Miss ) & Reis Wills (Signed) Wanh Shipley 1, M. E.	10 HADEDTAKED Zaston Fines	
20, FILED Novy 4, 1932 (Miss) & Bird William (Signed) Mark They for M. F.		
	20 5450 Mary 4 39 (Nigal Vn. AV.1)	
		Jame (Address) Savage, Wy.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		3/1/2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12078
1. PLACE OF DEATH	
County Howard,	Registration Dist. No. 191
Village or City Rockland	No. St., Ward
7// 7	death occurred in a hospital or institution, give its NAME instead of street and number)  29 ds. How long in U.S. if of foreign birth?
2. FULL NAME John wesley Tru	unb.
(a) Residence: No. Rockland Trust. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oav)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Strine	22. I HEREBY CERTIFY. That I attended deceased from 19 32 to 27 19 32
6. DATE OF BIRTH (month, day, and year) July 2 2, 1854	I last saw h alive on, 19 12; death is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
/8   3   27   ormin.	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Carpainter	Stempoteles;
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and	De la companya della companya della companya de la companya della
10. Oate deceased last worked et this occupation (month and 1930 spant in this occupation occupation	
12. BIRTHPLACE (city or town) Mary land,	Other Coutributory Causes of importance:
# 13. NAME Zacharies exercis	
14. BIRTHPLACE (city or town)	Neme of operation
15, MAIOEN NAME Quise Eliza LOgne	What test confirmed diagnosis?
15. MAIOEN NAME Quive Eliza Danes  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of injury
17. INFORMANT Mrs. Roy sture	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Elleatt City, 2016, 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Good Shepferd Date 11-23, 1932	Nature of injury
19. UNDERTAKER TO Hegint athors The Medical City med-	24. Wes disease or Injury In any way related to occupation of deceased?  If so, specify
20. FILED NOV 22, 1932 W H Lissell Registrar.	(Signed) M. D.  (Address) Levy M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	depth offer	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and Company			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.

MARGIN RESERVED FOR BINDIN

County Services Servi	STATE O	F MARYLAND—	CERTIFICATE OF DEATH	2079
Village Dr City.  Village Dr City.  Langth of residence in city or town where death occurred.  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residen		•	93-e	/
Length of residence in city or town where death occurred . D. yrs	, , , , , , , , , , , , , , , , , , , ,	/_		
2. FULL NAME  (a) Residence: ND.  (Charlytace of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (b) SINCLE, MARKEED, WIDOWED, OR DIVOKED WITH the ward)  Sat. If married, widowed, or divocred  (co) WIFE of Should be should		7 (1	t death occurred in a hospital or institution, give its NAME instead of street and n	umber)
(a) Residence: ND. (Usual place of a bode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wine the word)  OR DIVORCED (wine the wo	Length of residence in city or town where de	eath occurredmo:	sds. How long in U.S. If of foreign birth?yrsmo	sds,
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the wynd)  21. DATE OF DEATH  22. I HE REBY CERTIFY, That I attended deceased from the sale of the word, or wind, day, and year)  7. AGE  Years  Menths  Days  If LESS than I day	2. FULL NAME Ida /V	alland		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Greate the word of the control of th	(a) Residence: Np.	(Lleval ptage of shode)		
3. SEX	PERSONAL AND STATISTIC			State
53. If married, widowed, or divorced HUSBAND of Corp Wife of Ababas Services and HUSBAND of Corp Wife of Wife of Corp Wife of Wife of Corp Wife of W	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193.2
7. AGE Years Months Days If LESS than I day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one as SPINNER, SAWYER, BDDKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPPER, etc.  10. Date deceased last worked at the work was done, as SILK MILL, SAWYER, BDDKKEPPER, etc.  11. Total time (years) spant in this occupation month and year) Other Centribetory Causes of Importance:  12. BIRTIPLACE (city or town). (State or country)  14. BIRTHPLACE (city or town). Was there an autopsy?.  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (State or country)  What test confirmed diagnosis? Was there an autopsy?.  27. INFORMANT Report Causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. (Shate or country)  Where did injury occur? Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  CLICATION OR REMOVAL Date (CITY Date (CITY Date (Address))  CLICATION OR REMOVAL Date (CITY Date (CITY Date (Address))  CLICATION OR CITY Date (CITY	HILCHAND of	South.		
7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset Were as follows:  Date of onset  Date onset	6. DATE OF BIRTH (month, day, and year)	chart 62	Mast saw h le alive on MN 8 1932	death is said
B. Trade, profession, or particular kind of work done, as SPINMER, SAWYER, BDDKKEPPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAWYER, BDDKKEPPER, etc.  10. Date deceased last worked at hyear occupation (month and year)  11. Total time (years) span in this occupation (month and year)  12. BIRTIPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place Country  19. UNDERTAKER  (Address)  Clear of Country  Manner of injury  Network of injury  Nature of injury  Network of injury  Nature of injury	7. AGE Years Months	I day,hrs.	to have occurred on the date stated abovo, at 4 '20 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	,
3. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Jamestic'	were as rollows:	Date of onset
12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Chrome Mocardilos	1/2-32
13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFDRMANT   Richard   Specify   18. BURIAL, CREMATION, OR REMOVAL   Place   Date   D	- I month and	spent in this		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Rehard South (Address)  18. BURIAL, CREMATIDN, OR REMOVAL Place South Place South (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Nov 1 1, 19 3 7 10 74 Friendles  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  15 so, specify (Signed)  (Signed)  Mas there an autopsy?  24. Was there an autopsy?  25. Was disease or Injury in any way related to occupation of deceased?  Mas there an autopsy?  26. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Specify whether Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Address)  15 so, specify  (Signed)  M. D.		wet:	Other Centributory Causes of Importance;	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Rehard South (Address)  18. BURIAL, CREMATIDN, OR REMOVAL Place South Place South (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Nov 1 1, 19 3 7 10 74 Friendles  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  15 so, specify (Signed)  (Signed)  Mas there an autopsy?  24. Was there an autopsy?  25. Was disease or Injury in any way related to occupation of deceased?  Mas there an autopsy?  26. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Specify whether Injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Address)  15 so, specify  (Signed)  M. D.	13. NAME elukur	ww		
15. MAIDEN NAME   123. If death was due to external causes (VIOLENCE) fill in also the following:   Accident, suicide, or homicide?   Date of injury   Date o	14. BIRTHPLACE (city or town)(State or country)	mel:	Name of operation Date of	
Where did injury occur?  17. INFDRMANT Richard Shouth 'Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Ellowith City (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place recovery Character Date More 19, 1932  Nature of injury  19. UNDERTAKER Company of the Company of th	IS. MAIDEN NAME	wow		
17. INFDRMANT Rechard Shouth Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Clausett City, Justin Manner of injury  Place Source Charactic Date Mov. 19, 1937  Nature of injury.  19. UNDERTAKER City whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Security Date Manner of injury  19. UNDERTAKER City whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Security Date Manner of injury  19. UNDERTAKER City of town, county and State)  Manner of injury  19. UNDERTAKER City of town, county and State)  18. BURIAL, CREMATION, OR REMOVAL  19. Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Sale of the Injury occurred In Injury occurred In Injury occurred In Injury occurred In Injury	If. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of injury	, 19
Place Source T. Charactic Date Mov. 19, 193 × Nature of injury.  19. UNDERTAKER TO Skip in hartary of the state of the sta			(Specify city or town, county and State)	CE.
19. UNDERTAKER H. Vig inharkary . 24. Was disease or Injury in any way related to occupation of deceased? H. M. D. (Signed) . (Signed)				1
20. FILED Nov 1 x, 19 3 2 W 7 Friscell (Signed) Life grange M. D.			24. Was disease or Injury in any way related to occupation of deceased?	try
	20. FILED NOV 1 1, 19 3 7 10	74 Frissell	(Signed) Le figural 1914	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR F	URTHER S	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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1	4	U	0	U

1. PLACE OF DEATH	210-m
County Noward	Registration Dist. No. 191
Village or City Elwak	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long In U.S. if of foraign birth?mosds.
2. FULL NAME harles Johnson	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RAGE  5. SINGLE MARRIED, WIDOWED OR DIVOLED (write the word)	NO1. 6 102 N
Sa. If married, widowad, or diverged HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacaased from
6. DATE OF BIRTH (month, day, and least), 2 / 868 7. AGE Years Months Pays If LESS that	
Trade, profassion, or particular kind of work done, as SPINNER,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as tellows:  Date of once to the principal of the principa
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate dacaasad last worked at this occupation (month and	automobile) accidulat
10. Oate dacaasad last worked at this occupation (month and // 3 pent in this occupation occupation)	s. Survey of the
12. BIRTHPLACE (city or town) Jewes Walle	Other Contributory Causes of Importance:
13. NAME Leves offers  14. BIRTHPLACE (city or town)	u
14. BIRTHPLACE (city or town)	Name of oparation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Att Caroux	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or touth)  Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Addition Comments of the contract of the contrac	Specify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAN CREMATION OR REMOVAL HOLDE CELLS 19. 19.	Mannar of injury  Nature of injury
19. UNDERTAKER Custon Sous Cile	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEO Nov 19, 1932 COH Frische	(Signed) Calab D. Hospita, Acting M.D.
	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the dcceased followed the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate 2 TITH UNFADING INK-THIS AGE should be mation should be carefully supplied. WRITE PLAINEY, ż

FOR BINDIN

MARGIN RESERVED

1	County Howard Village or City Full to	L TO SOME	No.	Registration Dist. No	2051 194 Ward
2	Length of residence in tity or town where at the second se	and occurred 19 yrs 8 mos Moore W Hul. (Usual place of abode)	St., Ward.	foreign birth?yrsyrsyrsyrsyrsyrsyrsyrsyrs	
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CE	ERTIFICATE OF DEATH	
3.5	emale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) 23.	, 193 <u>2</u> (Year)
8	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY 2 3	SERTIFY, That I attende	d deceesed from
-	DATE OF BIRTH (month, day, and year)  Months  79  8	Days If LESS than 1 day, hrs. or min.	i last saw h elive on to have occurred on the date state.  The PRINCIPAL CAUSE OF DEAT were as follows:	11346	_; death is said
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Iodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and 1932	11. Total time (years) spant in this occupation Soyus.		eing nearlii.	1/20/3
FATHER 12	BIRTHPLACE (city or town). Stuff (State or country)  13. NAME Hamiltony M.	ove Mf.	Other Contributary Causes of impo		
FAT	14. BIRTHPLACE (city or town)	Wild.		Date of	
MOTHER.	15. MAIDEN NAME Chaline  16. BIRTHPLACE (city or town) Just 1  (State or country)  INFORMANT As Sarah (Address)	Swallword no Mil. 11. Scaggs	23. If deeth was due to external cau Accident, suicide, or homicide? Where did injury occur?	was there as ses (VIOLENCE) fill in also the follow Date of injury  (Specify city or town, county and S INDUSTRY, in HOME, or In PUBLIC in	ing:
18. S	BURIAL, CREMATION, OR REMOVALY THE MANUELL THE MEMORAL THE MEMORAL THE MEMORAL THE MEMORAL MEMORA MEMORAL MEMORAL MEMORAL MEMO	Ublie Hon Ath 1952	Manner of injury		
	UNDERTAKER A PAS CALLES (Addyess) Laure FILED AN 26, 1932 S	a Mad. Registrar.	24. Was disease er injury in any wall if so, specify (Signed) (Address)	ay related to occupation of deceased?	Q. M. E

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURBAU V.S.	\$ 5 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B .- WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Howard	Registration Dist. No. 195
Village or City Levelory	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / aymond d. Mo	art
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR WARRIED, WIDOWED OR WARRIED (write the word)	21. DATE OF DEATH AND (Day) (Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Wary E. Moork	22. I HEREBY CERTIFY. That I lattended deceased from 19.32, to 19.32
6. DATE OF BIRTH (month, day, and year) 7 /890	I last saw h malive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 m.
4-2 16 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date/stopped
kind of work done, as SPINNER, Lahryy, SAWYER, BODKKEEPER, etc.	000000000
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month each) this occupation (month each)	Throwns _
SAW MILL, BANK, etc	the suddenly.
10. Date deceased last worked at this occupation (month and year)	
2 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Many lauch	21/132
	Jagorpa 1
13. NAME Matthew Most	
4 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?_ Lo.,
15. MAIDEN NAME//ary , homas	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME / any C. Thomas  16. BIRTHPLACE (city or town) - Jan	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. May E. Moare.  (Address) Clustica R. 7. D. 17 2)	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of injury
Place Date 178132, 19.32	Nature of Injury
19. UNDERTAKER 6 ASTON SONO (Address) 0 E 1	24. Was disease or injury in any way related to occupation of deceased?
110120 20 20	If so, specify
20. FILED 11 32, 19 Man Wish bley Regist at.	(Signed) M. D. (Address) Savay & World M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12053
1. PLACE OF DEATH	97
County Hongra	Registration Dist. No.
Village or City Clusterelle	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds.
711 1 51 . 1 P	andall
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thandsle	22. I HEREBY CERTIFY. That I ettended deceased from  Acril 1932, to Arr 11 1932
6. DATE OF BIRTH (month, day, and year) July 4 18,58	I last saw h 12 alive on Hor 15-17 198 7 death is said
7. AGE Yoars Months Days If LESS than	1 49
74 4 7 1 day,hr	THE FRIENDS OF BEATH and I control of the person of the pe
8 Trade profession or particular	Were es ropows: Cute I slatations of Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this occuration (month and	
Date decessed last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	- Yellso
13. NAME MM H Hardy	
13. NAME MM & Nardy  14. BIRTHPLACE (city or town) M. P. C.	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Vauka Spears	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Joules Spears  16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Laws Handall Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Struck Date 14, 193	Manner of injury
19. UNDERTAKER Caster Long (Address)	24. Was disease or injury in any way related to occupation of deceased? W
20. FILED NW 13, 19.32 S& Suchuls Registrat.	(Signed) A Charle M. D.  (Address) Charle mil
If may blanks are moded address State Periods	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis FFC 5 1939	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage , TIP TIP TIP.	July 5, 1927	Peritonitis	3 days ago
ν.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-WRITE

V. S. No.

	1. PLACE OF DEATH	MIMILIAND	CERTIFICATE OF BEATTI	14034
	11/	-	23	127
	County Howard.		Registration Dist. No	1-1-1
	Village or City Supson	wille, md.	No.	St.,Ward
	Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of stre	
	2. FULL NAME agrow-	7 Rogers.	Jivan	
		Je Cog ers.		
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or to	wn and State
ACCOUNT	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3,		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 14	193 7
5a.	. If married, widowed, or divorced	-mavilla	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of Mary & M	2	22. I HEREBY CERTIFY, That I at	ended deceased from
	Viche 17	875	, 19, to	, 19
_	DATE OF BIRTH (month) day, and year)	years.	I last saw h alive on	9; death is sald
7.	AGE Years Months	Bays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6: 2017 m.	
	5714	27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanc were as follows:	Pate of onset
N	8. Trade, profession, or particular kind of work done, as SPINNER			Date of ones
J.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	1 minoria	11-12-32
UPA	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
OCCUPATION	10. Date deceased last worked at	11. Total time (years)		
0	this occupation (month and year)	spent in this occupation		
	Dispersion of All Control		Other Coatributory Causes of importance:	
12.	(State or country)	<i>l</i> .	atuli ludo	6 4440.
02	13. NAME elukeno			
FATHER			Name of according	
FA	14. BIRTHPLACE (city or town)  (State or country)	ud.	Name of operation Dat	
ER.	15. MAIDEN NAME Mula more	-4)	What test confirmed diagnosis?	
MOTHER			23. If death was due to external causes (VIOLENCE) fill In also the fo	
MO	16. BIRTHPLACE (city or town)	ret:	Accident, suicide, or homicide? Date of injury  Where did injury occur?	
	P		(Specify city or town, county a	nd State)
17.	(Address) 1018 Madiso	() () ()	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	IG PLAGE.
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	Place Ones Orchard D	ate	Nature of injury	
	HAIDFOTANTO FC. Volumi en hai	11	·	42
19.	UNDERTAKER (Address) Elevat Cit	well.	24. Was disease or injury in any way related to occupation of decease	JU!
0.5	MAN 14 30 11mm	N 711000	(Signed) Signed	Tues Corowans
20.	FILED 7, 1922 (0000)	Registrar,	(Address) Ellerate Cety In	el.
-			V //	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		81 NON	
		T C T T T T T T T T T T T T T T T T T T	<del></del>

FOR BINDIN

MARGIN RESERVED

		Registration Dist. No	0. 19	1
1.	No.		49	Ward
(1)	death occurred in a hospital or instit	ution, give its NAME instead	of street and nu	mper)
mos	. 24 ds. How long in U.S. if	of foreign birth?	's mos	ds.
		,		
- :				
Dur	/, St., Ward.			
	Tala.	If nonresident give city	or town and St	aic
3	MEDICAL C	ERTIFICATE OF		
WED.	21. DATE OF DEATH		ZEATTI	
word)	21. DATE OF BEATH	nov: 2	4	
		(Month) (Da		(Year)
		(month) (Da	19 )	(Teal)
	22. JHEREB	Y CERTIFY, That	t I attended de	ceased from
	Mur 20	, 1932 , to new	24	19.32
	I last saw h. Low alive on	7		.,
			1924	death Is said
than	to have occurred on the date stat			
hrs,	The PRINCIPAL CAUSE OF DEA	TH and related causes of imp	ortance	
mn.	were as follows:			Date of onset
	ļ			
	Jastes-	Mentis	1	10-20
		Town		
1				-1932
	Other Contributory Causes of Imp	ortance:		
ne.				
7	Name of operation		Date of	
me.	What test confirmed diagnosis?	W	as there an auto	psy?
	23. If death was due to external ca			
t	Accident, suicide, or homicide?	Date of Ir	ijury	, 19
41	Where did injury occur?	/C 1/		
	Specify whether injury occurred i	(Specify city or town, con INDUSTRY, in HOME, or in	unty and State) PUBLIC PLACE	F
nd.				
My.				
1932	Manner of injury			
192	Nature of Injury			
>	24. Was disease of injury In any w		10 /	100
		ray related to occupation of d	Jeceased?	- W
0	If so, specify	1		
8	(Signed)	y worder		
strar.	(Address)	6 lucas te	of fe	7

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	nhritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HELDEQ ELIN	July 5, 1927	Peritonitis	3 days ago
	EUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See birth certificate for authoristion to change lating birth

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>a</b>
County Amary	Registration Dist. No. 174
Village or City Glenely MU	No. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s. ds. How long in U.S. if of foreign birth? yrs mos ds.
(a) Residence: No. Menuly Sullaran (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T OR DIVORCED (write the word)	(Month) 2/ (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
1- 21 1822	
6. DATE OF BIRTH (month, day, and year) / 2 / 1932 7. AGE Years Months Deys If LESS then	I last saw here deeth is seld to have occurred on the date stated above, et. 2
1 day, hrs.	
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEFPER, etc.	Humalion toth from
Industry or business in which work was done, as SILK MILL.	for serval days before
	- 1
yeer) occupetion  12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of Importence:
13. NAME Charence Sulman	
13. NAME CLUSE Sullivau  14. BIRTHPLACE (city or town).  (State or country)	Neme of operation Dete of
15. MAIDEN NAME Survive Sullingen	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Susing Sullivan  16. BIRTHPLACE (city or town) Sharely MM  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jusie Suller and (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place on farms Date Am 22, 1932	Menner of Injury
19. UNDERTAKER (Address)	24. Wes disease or Injury in eny wey releted to occupetion of deceesed?
20. FILED MW BI , 1987 S W Pachels Registrar.	(Signed) Unstable M. D. (Address) Clarkoville M.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S.No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-2
County Howard	Registration Dist. No. 190
Village or City Sekridge nd	No. Montgomeny Rd, St., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give it NAME instead of street and number)  s
0 -1	s ds. How long in U.S. if of foraign birth?
2. FULL NAME Jaura Vingunia	labba
(a) Residence: No. Montagonal (Usymplace of abode)	St., Ward. , If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowad, or divorced	
(or) WIFE of James Edward Yally	22. I HEREBY CERTIFY. That i attended deceased from
10.00	0.00
6. DATE OF BIRTH (month, day, end yaar) (	I last sew here alive on
5-4c 1 day,hrs.	The PRINCIPAL CALISE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Milosondial III au 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate daceasad last worked et this preguation (month and	
SAW MILL, BANK, etc.	
O 10. Oate daceased last worked et this occupation (month and year)	
C14 · 1	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) . Manage . Howard	Affertences = 1929
	Janeral asterio-
I Donath Share	- Alexander
[State or country]	Name of operation Oate of Oate of
IS. MAIOEN NAME AT THE STATE OF	What tast confirmed diagnosis? Was thara an autopsy? 23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town). Howard Co. M.J.	Accidant, suicide, or homicide?
(State or country)	Where did injury occur?
17, INFORMANT Las Eliza, Talles,	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Elkada	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Visity & Un Oate NOV, 23, 19 3	Natura of injury
19. UNDERTAKER Buston Son (Addrass) Ellicust Cit	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Mar 22 1932 Missif & Berry Mel	(Signed) 13 13 13 1 1 1 1 M. D.  (Addrass) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	cample I		Example II	
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Arteriosclerosis	DEC 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year